



Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

Indiana State Department of Health

An Equal Opportunity Employer

Dear Parent/Guardian/Applicant:

Per your request we are sending you an application for the Children's Special Health Care Services (CSHCS) program. The application date is the date you complete and sign this application. **Please put this same date everywhere that asks for a parent/guardian signature.** If you are the Parent/Guardian/Applicant completing this application, disregard the request for signatures from Intake Personnel or Service Coordinator.

Please be aware that it is a requirement of the CSHCS program that the applicant (if not already enrolled) must apply for either Hoosier Healthwise or Medicaid (age appropriate). **The PURPLE form in this packet *must be completed and mailed to the Division of Family Resource. Also, please mail page 12 with the Purple form. Call 1-800-403-0864 for the correct mailing location.*** The applicant does not have to be accepted on HHW/Medicaid, but must apply and follow-up with any appointments. Failure to complete this step will cause the CSHCS application to be denied. The acceptance or the denial letter to should be sent to CSHCS.

The items listed below should be mailed with your completed application:

- Copy of child's birth certificate
- Copy of any insurance information for child
- Copy of your last Federal Tax Form (1040), 1st page only
- If you do not file Federal Taxes, but have a W2, send it **plus** your last 3 consecutive pay stubs.
- If you do not work, please send information on how you pay your bills and buy food.
- Copy of any other income that you receive (child support, TANF, Social Security, SSI)
- Copy of proof that you live in the county (rent/mortgage receipt or utility bill, copy of driver's license)

Pages 7 & 8 of the application are very important and should be completed as fully as possible.

**On the Authorization to Release and Share Medical Information form,
please put the actual date that you are completing this form.**

If you have any questions or concerns, please feel free to call the CSHCS program at 1-800-475-1355, Eligibility Option 2, Monday thru Friday, 8 a.m. – 4 p.m. and ask for the Training Coordinator.

Sincerely,

CSHCS Program

☐ **Epidemiology Resource Center**
2525 N. Shadeland Ave. Suite E3, Indianapolis, IN 46219
317.356.7190 ext. 253

☐ **Laboratories**
635 North Barhill Dr. Room 2031, Indianapolis, IN 46202
317.233.8000

☐ **Weights & Measures**
2525 N. Shadeland Ave. Suite D3, Indianapolis, IN 46219
317.356.7078 ext. 221